



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

### I. Center Identification

Organization Name: ST. VINCENT SURGERY CENTER OF TERRE HAUTE

Street Address: 227 E. McCallister Drive

City: Terre Haute

County: Vigo

Administrator Name: Jan Bray

Administrator Email: jbray@uspi.com

ASC Web Address: www.terrehautesurgicalcenter.com

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

### II. Identification of Surgical Resources

|                           |   |
|---------------------------|---|
| Number of operating rooms | 2 |
| Number of procedure rooms | 1 |

### III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |
|--|--------------------|----------------------|
| Time Period  | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period              | 2093               | 3653                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 62323  | 327                |                      |
| 64493  | 298                |                      |
| 64494  | 222                |                      |
| G0260  | 193                |                      |
| 11750  | 189                |                      |
| 66984  | 156                |                      |
| 64495  | 147                |                      |

|       |     |
|-------|-----|
| V2632 | 142 |
| 64483 | 114 |
| 64721 | 97  |

#### IV. Outcomes from Surgical Procedures

|  |   |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 1 |
|--|---|